

Serve Idaho Governor's Commission on Service and Volunteerism
Continuation Review for 2021-2022 Formula AmeriCorps Programs

Applicant Name/Organization: _____

Program Name: _____

Do you recommend this application to be considered for possible AmeriCorps formula funding?

☐ Yes ☐ No

Do you have any recommendations regarding the funding level for this program?

☐ Less ☐ Level ☐ More

Additional Comments:

Reviewer Signature: _____ **Date:** _____

*** Proposed changes in the sections below will be addressed in the Continuation changes field in the narrative. (Page limit for the Continuation Changes field is 6 pages)**

I. Applicant Info and Application Info

	Yes	No	Comments
<ul style="list-style-type: none"> Program has noted any changes to the Applicant info and/or Application info in the continuation changes field (<i>if Applicable, if not applicable has entered N/A</i>). 			

II. Narrative Section

Rationale and Approach/Program Design

	Yes	No	Comments
<p>This will be addressed in the Continuation Changes Field in eGrants.</p> <ul style="list-style-type: none"> Addresses any new site locations (<i>if applicable, if not applicable has entered N/A</i>). Addresses expansion to new sites, including the need that will be met at any new sites, activities of expansion members, and organizational capacity to support the expansion (<i>if applicable, if not applicable has entered N/A</i>). Addresses significant changes in program scope or design (<i>if applicable, if not applicable has entered N/A</i>). Addresses changes to Performance Measures (<i>if applicable, if not applicable has entered N/A</i>). 			

Organization Capability

	Yes	No	Comments
<p>Enrollment and Retention Rates</p> <p>Enrollment:</p> <ul style="list-style-type: none"> Did the program enroll 100% of slots received during their last full year of program operation? <ul style="list-style-type: none"> If not, the program provides an explanation, and describes the plan for improvement. <p>Retention:</p> <ul style="list-style-type: none"> Did the program retain 85% of their members during the last full year of program operation? <ul style="list-style-type: none"> If not, the applicant provides an explanation, and describes the plan for improvement. 			

Organization Capability Continued

	Yes	No	Comments
<p>Enrollment and Exit Requirements:</p> <ul style="list-style-type: none"> Was the program 100% compliant with 5-day enrollment requirements? <ul style="list-style-type: none"> If not, did the applicant provide an explanation and a plan to ensure future compliance? Was the program 100% compliant with 30-day exit requirements? <ul style="list-style-type: none"> If not, did the applicant provide an explanation and a plan to ensure future compliance? <p>Staffing Changes:</p> <ul style="list-style-type: none"> Addresses any significant changes in staff that occurred between last year's application and this year's application (<i>if applicable, if not applicable has entered NA</i>). <p>Monitoring Structures:</p> <ul style="list-style-type: none"> Addresses any significant changes in service site monitoring from last year's application to this year's application (<i>if applicable, if not applicable has entered NA</i>). <p>Audit Report:</p> <ul style="list-style-type: none"> Submitted a copy of the agency's most recent A-133 single audit report to the Clearinghouse (if expending over \$750,000 in federal funds). (Grants Officer will report on this at the start of the grant review meeting). 			

I. Cost Effectiveness and Budget Adequacy

	Yes	No	Comments
<ul style="list-style-type: none"> Describes and budgets for any increase in requested cost per MSY. This applies even if the increased cost per MSY is less than the maximum or if the increase is due to increased costs set by CNCS (<i>if applicable, if not applicable has entered NA</i>). Describes any changes to the budget (<i>if applicable, if not applicable has entered NA</i>). If funding reduction is requested, applicant has updated Executive Summary to reflect the decreased amount requested. A brief description of the Source of Match, the amount, the match classification (Cash, In-kind, or Not Available) and Match Source (State/Local, Federal, Private, Other) for the entire match has been entered in the "Source of Match" field that appears at the end of Budget Narrative Section III. Acronyms have been defined the first time they are used. Meets the overall matching requirement (<i>see table below</i>). 			

Cost Effectiveness and Budget Adequacy Continued

	Yes	No	Comments
Serve Idaho Budget Requirements (Not Applicable to Fixed Amount Grants) <ul style="list-style-type: none"> Budget includes the Serve Idaho Conference. Budget includes the commission fixed amount – Section III. Administrative/Indirect Costs. Budget includes criminal history checks for members, staff and site supervisors. Budget includes AmeriCorps gear. 			

Tips for reviewers

- || **The Amendment Justification and Clarification information:** You may see N/A in these fields. They will be used if they are awarded a grant and need to amend it or to enter information that requires clarification in the post-review period.
- || **Continuation Changes:** They will not enter continuation changes in the original narrative fields. If they are not proposing changes to their continuation request, they will leave the original narrative as it is, and enter N/A in the Continuation Changes field.
- || ***They must clearly differentiate Year 2 and Year 3 continuation changes*** by using headings that label these as such.
- If they are requesting to conduct new activities or additional MSYs, these also need to be reflected in their budget and the performance measures.
- Any changes made to the performance measures will be done in the performance measures field and should be noted in the continuation changes field.

Matching requirements:

AmeriCorps Funding Year	1,2,3	4	5	6	7	8	9	10
Grantee Share Requirement	24%	26%	30%	34%	38%	42%	46%	50%